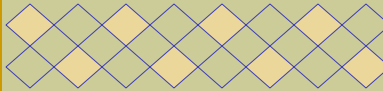


the MSH bulletin

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“TRY NOT TO BECOME A PERSON OF
SUCCESS, BUT RATHER TRY TO BECOME
A PERSON OF **VALUE**.” -ALBERT EINSTEIN-

Dr. Laura Moseng, MSH Staff Psychologist

**The Stress-Vulnerability Model of
Co-occurring Disorders**

The Stress-Vulnerability Model of Co-occurring Disorders

There are two specific areas - biological vulnerability and stress - which are influenced by factors that people have choices and some control over. These factors include: alcohol and drug use, medication use, coping skills, social support, and meaningful activities. When these concerns are addressed, people will be better able to reduce symptoms and relapses and work toward a recovery focus for co-occurring disorders.

Coping Skills

Developing coping strategies helps with stress management and reduction of negative effects on vulnerability. Relaxation skills help with stress reduction; social skills for connecting with others, dealing with conflict, and finding support; and coping skills for managing persistent symptoms such as depression, anxiety, and sleep disruptions.

Involvement in Meaningful Activities

Meaningful activity gives one a sense of purpose, belonging, and something proactive to do. Meaningful activities include work, school, care-giving, hobbies, and all have to do with connecting oneself to “other.”

Social Support

Another way to reduce the negative effects of stress on vulnerability is through social support which promotes the practice of having meaningful relationships with others. People who have good social support are less vulnerable to the effects of stress on their psychiatric disorder.

Dr. Pamela Guthrie, MSH Staff Psychologist

DBT SKILLS Love Dandelions



It's spring and many of us will soon resume lawn care, if we haven't already.

This week's skill is from the Emotional

Regulation module, the skills we use when we are feeling overwhelmed. "Love Dandelions" has to do with the idea that the more you try to control something, the more it may control you.

Let's take Joe, for example. He has a lovely wife, three kids, a great job, and a beautiful house and lawn. Sometimes his wife jokingly tells him that he should just marry the lawn because he's so obsessed with it; every spring and summer day he is up at the crack of dawn, making sure his grass is cut at the perfect length and kept as green as green can be. One summer day he wakes up to see a bright yellow dot smack in the middle of the yard. "What in the world is that?" he wonders. Joe runs out to the yellow dot to discover it is a dandelion. In frustration, he stomps back to the garage, grabs a small shovel, races back out to the yard, ever-so-carefully digs out the dandelion, and throws it in the trash. He breathes a sigh of relief; he has saved his lawn and can go on about his day as usual. The next morning he wakes up to find ten dandelions in his yard. Now he is frantic, so he rushes to the store to buy some weed killer, rushes back home, and starts spraying the dandelions. The next day those ten dandelions have died, but there are twenty-five new ones around the yard. Thinking, "This calls for drastic measures," Joe goes back to the store and gets Round-Up; the dandelions are not going to defeat him. He sprays each spot where there is a dandelion, and the next day he discovers he has killed the dandelions *and* the grass in the spots where he sprayed. And there are now seventy new dandelions in other places in his lawn.

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DBT SKILLS

Love Dandelions

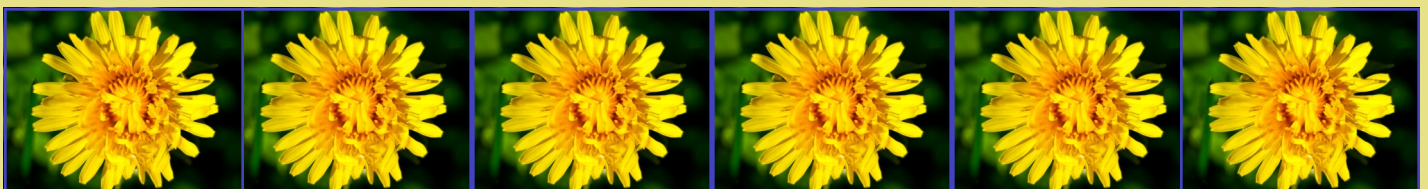
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Joe is getting overwhelmed by his desire to have his beautiful, perfect lawn back. He doesn't know what to do. He's so obsessed with his yard that his family starts to worry. He doesn't talk to them at all because he's so preoccupied with his yard. He doesn't even play with his "real" kids anymore.

Joe's misery lasts all summer. By August, he has spent thousands of dollars on various chemicals and his grass has huge dead spots. At this point, he looks out his window to see thousands of dandelion seeds floating through the air and landing in his yard. More dandelions! Joe walks outside to see where the seeds are coming from; they're coming from his neighbors' yards! Joe runs to his closest neighbor's house, pounds on the door, and demands to speak with his neighbor. Joe is fuming, "You did this to my yard! How dare you let YOUR dandelions send their seeds to MY beautiful, innocent lawn?" The neighbor replies, "Joe, settle down. I can't do much about it – I can't stop nature from taking its course. And I kind of like the yellow. Maybe you need to talk to someone about this." Not realizing that Joe's neighbor meant talking to a therapist, Joe calls up the US Department of Agriculture and asks to speak with someone immediately. The person on the other end asks what his concerns are; Joe explains to her that he's tried everything he could to get those darn dandelions to go away. He spent all that money and time, and will now do *anything* the agent recommends. The woman on the phone quietly suggests, "Sir, maybe you need to learn to love your dandelions."

Joe was trying to change something that just wouldn't go away, and the more he fought the problem, the worse it got. In the end, he needed to understand what "learning to love his dandelions," meant. He needed to accept the fact that if he, like his neighbor, could see dandelions as natural and pretty, his new perspective would improve his way of living. All of us have "dandelions" in our lives: they might be our own personality traits, our habits, or traits or behaviors of those around us. Many of the problems that result from these "dandelions" are more imagined than real, or at least aren't as overwhelming as we might think. What are some of your dandelions?



What is Substance-Induced Psychosis?

Prominent psychotic symptoms such as hallucinations and/or delusions determined to be caused by the effects of a psychoactive substance is the primary feature of a substance-induced psychotic disorder. A substance may induce psychotic symptoms during intoxication (while the individual is under the influence of the drug) or during withdrawal (after an individual stops using the drug).

A substance-induced psychotic disorder is subtyped or categorized based on whether the prominent feature is delusions or hallucinations. Delusions are fixed, false beliefs. Hallucinations are seeing, hearing, feeling, tasting, or smelling things that are not there. In addition, the disorder is subtyped based on whether it began during intoxication on a substance or during withdrawal from a substance. A substance-induced psychotic disorder that begins during substance use can last as long as the drug is used. A substance-induced psychotic disorder that begins during withdrawal may first manifest up to four weeks after an individual stops using the substance.

A substance-induced psychotic disorder, by definition, is directly caused by the effects of drugs including alcohol, medications, and toxins. Psychotic symptoms can result from intoxication on alcohol, **amphetamines** (and related substances), cannabis (marijuana), cocaine, hallucinogens, inhalants, opioids, phencyclidine (PCP) and related substances, sedatives, hypnotics, anxiolytics, and other or unknown substances. Psychotic symptoms can also result from withdrawal from alcohol, sedatives, hypnotics, anxiolytics, and other or unknown substances.

Symptoms

The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV-TR*) notes that a diagnosis is made only when the psychotic symptoms are above and beyond what would be expected during intoxication or withdrawal and when the psychotic symptoms are severe. Following are criteria necessary for diagnosis of a substance-induced psychotic disorder:

- Presence of prominent hallucinations or delusions.
- Hallucinations and/or delusions develop during, or within one month of, intoxication or withdrawal from a substance or medication known to cause psychotic symptoms.
- Psychotic symptoms are not actually part of another psychotic disorder (such as schizophrenia , schizoaffective disorder) that is not substance induced. For instance, if the psychotic symptoms began prior to substance or medication use, then another psychotic disorder is likely.
- Psychotic symptoms do not only occur during delirium.



Joint Commission Readiness

Mitzi Lawson, Director of Quality Assurance

Safety Culture

A strong safety culture is an essential component of a successful patient safety system. In a strong safety culture, the hospital has an unrelenting commitment to safety and to do no harm.

The **safety culture** of a hospital is the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety.

Organizations should be working toward a safety culture that has the following qualities:

- Staff and leaders that value transparency, accountability, and mutual respect.
- Safety as everyone's first priority.
- Behaviors that undermine a culture of safety are not acceptable, and thus should be reported to organizational leadership by staff, patients, and families for the purpose of fostering risk reduction.
- Collective mindfulness is present, wherein staff realize that systems always have the potential to fail and staff are focused on finding hazardous conditions or close calls at early stages before a patient may be harmed. Staff do not view close calls as evidence that the system prevented an error but rather as evidence that the system needs to be further improved to prevent any defects.
- Staff who do not deny or cover up errors but rather want to report errors to learn from mistakes and improve the system flaws that contribute to or enable patient safety events. Staff know that their leaders will focus not on blaming providers involved in errors but on the systems issues that contributed to or enabled the patient safety event.

By reporting and learning from patient safety events, staff create a learning organization. A safety culture operates effectively when the hospital fosters a cycle of trust, reporting, and improvement. In hospitals that have a strong safety culture, health care providers trust their coworkers and leaders to support them when they identify and report a patient safety event. When trust is established, staff are more likely to report patient safety events, and hospitals can use these reports to inform their improvement efforts. In turn, staff see that their reporting contributes to actual improvement, which bolsters their trust. Thus, the trust-report-improve cycle reinforces itself.



The Chaplain's Pen

MSH Chaplain, Howie Cutshall, M.A.

Christ sacrifice
life rejoice joy
He is SAVIOR
RISEN
REDEEMER amazing grace
LOVE mercy
Jesus hope crucifixion

MSH Easter Service



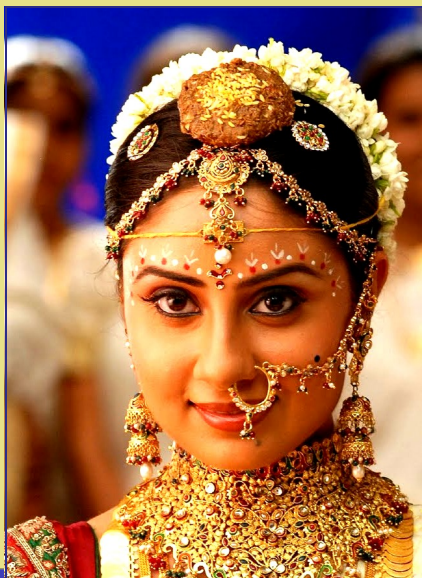
**Staff and patients participated
in the beautiful Easter Service
at The Gathering on 3/22/16,
led by Chaplain Howie Cutshall.**



Cultural Diversity Presentation



AJ Mistry, RT, presented a Cultural Diversity Training in the Auditorium on Thursday, 3/17/16. Many thanks to AJ for sharing his very well done, documentary-style video and pictures of his trip to India. He explained the socioeconomic status and various customs that make up the Indian Culture. The wedding customs were of particular interest, as well as, the elaborate dress for weddings and other special occasions. Several staff from various clinical departments attended, and it was greatly enjoyed.





Dr. Porter writes...

My wife and I would like to thank you for the beautiful (and delicious) fresh fruit arrangement sent to us during my medical leave. Most of it is now gone, but it is not forgotten. It's such effort like this that touch hearts during personal trials.

Thank you all so very much.



Congratulations to the staff of Madison State Hospital on State Employee Combined Campaign Award.

MSH was presented the Champion Award at the Recognition Ceremony held at the State Library on March 23, 2016. DMHA will mail our certificate for display.

Kevin Moore, Director of Division of Mental Health and Addiction, states, "I was proud to accept this award on your behalf and proud of the level of caring contribution demonstrated by your staff."



On a Mission to Give





Change
helps us
grow in ways
we never thought
we could.

heather
stillufsen





The Indiana Tobacco Quitline is an evidence-based intervention.

The Indiana Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) is a free phone-based counseling service that helps Indiana tobacco users quit. Funded by the Indiana Tobacco Prevention and Cessation Agency, the Indiana Tobacco Quitline offers experienced professional Quit Coaches® trained in cognitive behavioral therapy.

Health care providers and employers who utilize the Quitline's fax referral system experience a quick and efficient way to refer their patients and employees for help with quitting tobacco. The fax referral system provides:

- Intensive counseling options often not feasible in a busy clinic environment or available at a worksite
- A brief, easy to use form
- An initial call made by the Quit Coach™ instead of the tobacco user



St. Patrick's Day Event

Thank you to AJ Mistry and Wilbert Lowe in the Rehab Department for the festive St. Patrick's Day Event held in the auditorium on 3/17/16. A wonderful time was had by all!



Spicy Chicken Wraps

Ingredients:

Marinade

- 1 tablespoon garlic powder
- 1 tablespoon onion powder
- 1 teaspoon crushed red pepper
- 1/2 teaspoon chili powder
- 1/4 cup red wine vinegar
- 1/2 cup olive oil
- 1 tablespoon tomato paste

Wraps

- 2 pounds boneless, skinless chicken breasts
- 1 cup light mayonnaise
- 1 tablespoon finely chopped canned, seeded chipotle chili
- 8 10-inch flour tortillas
- 16 slices bacon, cooked
- 16 slices pepper Jack
- 3 tomatoes, thinly sliced
- 2 avocados, peeled, pitted and thinly sliced
- 1 red onion, thinly sliced
- 3 cups shredded green-leaf lettuce

Preparation:

Make marinade: Mix all ingredients in a ziplock bag. Add chicken, seal bag, rub marinade all over and chill at least 2 hours. Preheat grill to medium-low and cook chicken, 6 minutes per side, until cooked through. Let cool, then slice. Mix mayonnaise and chili. Spread mayonnaise mixture over tortillas. Divide all ingredients among tortillas. Roll up and serve!



Brain Scans Give Clues to “Stress-Heart Attack Link”

Fear appears to increase inflammation in the arteries, researchers say.

THURSDAY, March 24, 2016 (HealthDay News) -- A new brain study might help explain why a high level of stress is linked to an increased risk of heart attack and stroke.

Increased activity in the *amygdala -- the fear-center of the brain* -- appears to create an immune system reaction that increases inflammation in the arteries, researchers plan to report at the upcoming American College of Cardiology meeting in Chicago. Such arterial inflammation is a precursor to heart disease, heart attack and stroke, said senior researcher Dr. Ahmed Tawakol, a cardiologist at Massachusetts General Hospital in Boston

Tawakol and his colleagues followed nearly 300 people and found their **amygdala activity -- as seen on brain scans** -- indicated whether they would suffer a major cardiac event in the near future. "By the end of the study, roughly 5 percent with low activity had events, compared to roughly 40 percent of the individuals with high amygdala activity," Tawakol said.

Doctors need to be aware of the heart-health consequences of current events such as the Syrian crisis and this week's terror attacks in Brussels, said Dr. Richard Becker, director of cardiovascular health and disease at the University of Cincinnati College of Medicine. He is also director of the university's Heart, Lung & Vascular Institute.

"After there's an earthquake or a tsunami, the incidence of heart attacks over the next six to eight weeks increases substantially," said Becker, an American Heart Association spokesman, citing prior research. **"The same thing happens with human disasters, with terrorism, particularly if it's on a large scale."**

Evidence of the strong link between stress and heart disease has been mounting. The heart-health risk posed by stress is now believed to be on par with factors like smoking, cholesterol, high blood pressure and diabetes, Tawakol said. But little is known about how stress from anger, hostility, hopelessness or uncertainty might directly affect the heart, Tawakol said. Researchers found that increased amygdala activity meant greater activity in the bone marrow and increased inflammation in arteries.

Further, amygdala activity was linked to an increased risk of heart attack or stroke. Patients experienced a 14-fold greater risk of heart attack or stroke for every unit increase in measured brain stress activity, researchers said.

The amygdala also affected the **timing of a heart attack or stroke**. "Individuals with an event within a year after imaging had the highest amygdala activity values," Tawakol said. People with the lowest amygdala activity went the longest before suffering a heart attack or stroke, the study found.

For the complete article, please see the link below.

https://www.nlm.nih.gov/medlineplus/news/fullstory_157945.html

